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ABSTRACT

This speech on venereal disease education uses as its focus this quotation from George Santayana, "Those who cannot remember the past are doomed to repeat it." The author presents a brief history of venereal disease education and statistics on the present rate of venereal disease. He concludes that past research and experience indicate that effective venereal disease education must be functional and practical. The following steps for practical venereal disease education are outlined and discussed: (a) the first step--preventive measures; (b) the recognition of signs and symptoms; (c) adequate medical care for VD, which requires adequate training by physicians in sexually transmitted infections; (d) the availability of addresses, hours, and procedures for adequate care; (e) casefinding, in which a detailed explanation to the patient for the reasons for and process of confidential casefinding is essential; and (f) emphasis on the fact that venereal disease can happen to anyone with one or more sex partners. (JA)

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VENEREAL DISEASE EDUCATION

CERTAINLY GEORGE SANTAYANA DIDN'T HAVE VENEREAL DISEASE IN MIND WHEN HE
WROTE, "THOSE WHO CANNOT REMEMBER THE PAST ARE DOOMED TO REPEAT IT",¹
BUT THAT QUOTE APPLIES TO THE PROBLEM OF VENEREAL DISEASE EDUCATION
TODAY.

WITH THE DEVELOPMENT OF THE GERM THEORY OF DISEASE CAUSATION AROUND THE
END OF THE 19th CENTURY BY PASTEUR AND KOCH, MEDICINE FOUND A SCIENTI-
FIC BASE. UNDERSTANDING THAT GERMS CAUSED DISEASE ALLOWED US TO GET
RID OF THE NOTION THAT DISEASES WERE CAUSED BY GODS AS PUNISHMENT FOR
SIN, OR DID IT?

THE FIRST NATIONWIDE EFFORT TO CONTROL THE EPIDEMIC HEALTH PROBLEM OF
VENEREAL DISEASE BEGAN IN 1918. DIRECTOR OF THE EMBRYONIC VENEREAL
DISEASE DIVISION OF THE PUBLIC HEALTH SERVICE, DR. THOMAS PARRAN, LATER
BECAME SURGEON GENERAL AND WROTE:

"...THAT THE FIRST AND FOREMOST AMONG AMERICAN HANDICAPS
TO SYPHILIS CONTROL IS THE WIDESPREAD BELIEF...THAT NICE
PEOPLE DON'T HAVE SYPHILIS AND NICE PEOPLE SHOULDN'T DO
ANYTHING ABOUT THOSE WHO DO HAVE SYPHILIS."²

IN 1936, SOCIOLOGIST WILLARD WALLER EXPLAINED THAT:

"SOCIAL PROBLEMS ARE NOT SOLVED BECAUSE (SOME) PEOPLE
DO NOT WANT TO SOLVE THEM; THEY ARE PROBLEMS MAINLY
BECAUSE OF PEOPLES' UNWILLINGNESS TO ALTER THE BASIC

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CONDITIONS FROM WHICH THEY SPRANG. THUS VENEREAL DISEASE BECOMES A SOCIAL PROBLEM IN THAT...THE MEDICAL MEANS WHICH COULD BE USED TO PREVENT IT, WHICH WOULD UNQUESTIONABLY BE FAIRLY EFFECTIVE, CANNOT BE EMPLOYED FOR FEAR OF ALTERING THE MORES OF CHASTITY."³

IN OTHER WORDS, APPROACHING VD AS A MORAL RATHER THAN A MEDICAL PROBLEM PREVENTS ITS SOLUTION. INSTEAD OF PROVIDING THE MEDICAL RESOURCES NECESSARY TO CONTROL VD, THE VICTIMS ARE BLAMED FOR BEING IN NEED OF THESE MEDICAL RESOURCES.

DURING THE 1940's WHEN SYPHILIS RATES WERE SIX TIMES OUR PRESENT RATE, COLUMBIA UNIVERSITY'S BUREAU OF APPLIED SOCIAL RESEARCH STUDIED THE PROBLEM IN A MIDWESTERN CITY OVER A TWO YEAR PERIOD. RELATING THE IN-DEPTH RESEARCH FINDINGS TO VD EDUCATION, IT WAS CONCLUDED THAT VD EDUCATION MUST DO MORE THAN IMPART FACTS. ROTE MEMORIZATION AND TEST TIME REGURGITATION COULD NOT CONTROL THIS HEALTH PROBLEM. FUNCTIONAL EDUCATION MUST INCREASE THE LEVEL OF PERSONAL SUSPICION AS TO THE POSSIBILITY OF INFECTION AND PROMOTE A WILLINGNESS TO VOLUNTEER FOR EXAMINATION. EXPLICIT DESCRIPTION OF DIAGNOSIS AND TREATMENT CAN NULLIFY THE FEAR OF PAIN AND OTHER FEARS OF THE UNKNOWN. FEAR OF SOCIAL CONSEQUENCES SHOULD BE DEALT WITH AND NULLIFIED THROUGH DETAILED EXPLANATION OF THE CONFIDENTIAL NATURE OF VENEREAL DISEASE MEDICAL AND EPIDEMOLOGICAL RECORDS. TO BE EFFECTIVE, VD EDUCATION MUST NEUTRALIZE GUILT OR SHAME, CERTAINLY NOT REINFORCE THESE FEELINGS WHICH SERVE AS BARRIERS TO SEEKING NECESSARY MEDICAL CARE. ONE OTHER IMPORTANT CONCLUSION THAT SHOULD BE SELF-EVIDENT IS THAT THE INFECTED ARE THE TARGET OF ALL VD CONTROL EFFORTS, INCLUDING EDUCATION. GEARING

VD EDUCATION TO THE VIRGINAL IS ANALOGOUS TO PROVIDING SKY DIVING INSTRUCTION TO THOSE WITH A FEAR OF HEIGHTS. RESEARCH HAS DEMONSTRATED AGAIN AND AGAIN THAT THE BEST RESULTS ARE ACHIEVED WHEN EDUCATION AND MOTIVATION ARE SLANTED TOWARD THE INFECTED RATHER THAN THE PUBLIC-AT-LARGE.⁴

IN OTHER WORDS, VD EDUCATION SHOULD BE GEARED TO THE NEEDS OF THE SEXUALLY ACTIVE IN GENERAL AND MORE SPECIFICALLY TO THE NEEDS OF VD VICTIMS. THE FACT THAT GONORRHEA IS BY FAR THIS NATION'S LEADING, REPORTABLE COMMUNICABLE DISEASE CLEARLY DEMONSTRATES THAT THE NUMBER OF PEOPLE IN NEED OF PRACTICAL VD EDUCATION IS VAST.

IN RESPONSE TO RAPIDLY RISING VD RATES IN 1962 A NATIONAL TASK FORCE OF HEALTH EXPERTS WAS ASSEMBLED TO STUDY THE PROBLEM OF VENEREAL DISEASE AND MADE RECOMMENDATIONS FOR CONTROL. THE AMERICAN MEDICAL ASSOCIATION CONVENED A NATIONAL SYMPOSIUM ON VD CONTROL IN 1965. THE NEED FOR VD EDUCATION WAS STRESSED BY BOTH.⁵

ALSO IN 1965, WILLIAM F. SCHWARTZ, EDUCATION CONSULTANT TO THE VD BRANCH OF THE U. S. PUBLIC HEALTH SERVICE, WROTE THE "TEACHER'S HANDBOOK ON VENEREAL DISEASE EDUCATION" IN WHICH HE STATED:

"MANY PERSONS...THINK ALMOST EXCLUSIVELY IN TERMS OF PREVENTION - MEANING PREVENTION OF INFECTION THROUGH PREVENTION OF SEXUAL INTERCOURSE OUTSIDE OF MARRIAGE... (YET) RESEARCH IN THIS AREA...PRESENTS NO EVIDENCE THAT ...VENEREAL DISEASE EDUCATION, OR FAMILY LIFE EDUCATION, OR CHARACTER GUIDANCE EDUCATION CAN IN FACT SIGNIFICANTLY CHANGE SEX BEHAVIOR...WHILE SHORT RANGE VENEREAL

DISEASE EDUCATION HAS BEEN DEMONSTRATED TO BE A POSITIVE FACTOR IN BRINGING INFECTED INDIVIDUALS TO TREATMENT."⁶

IN 1971, DR. THEODOR ROSEBURY WROTE OF VD EDUCATION IN HIS BOOK, MICROBES AND MORALS:

"IN THE ABSENCE OF ANYTHING BETTER...WE KEEP REPEATING THE OLD INJUNCTION AGAINST SEX BEFORE OR OUTSIDE OF MARRIAGE. THE ARGUMENT IS PHRASED DIFFERENTLY TODAY AND ACCOMPANIED BY A LITTLE MORE PATIENT INFORMATION AND FEWER BLOOD-CURDLING THREATS, BUT THERE HAS BEEN NO BASIC CHANGE...THE IDEA HAS NO ROOTS IN HYGIENE OR IN A KNOWLEDGE OF HUMAN BEHAVIOR. MAYBE FOR THAT REASON, THE PROHIBITION HAS NEVER WORKED. YOUNG PEOPLE ARE...TELLING US THEY RECOGNIZE THIS...HYPOCRISY AS PART OF THE...DECEPTION WITH WHICH WE COVER THEM AS THE MORAL EQUIVALENT OF THEIR BABY BLANKET."⁷

VD RATES CONTINUED TO RISE AND THE TERM "PANDEMIC" REPLACED "EPIDEMIC" AND SO-CALLED VD EDUCATION BOUNCED IN AND OUT AND INTO VARIOUS SCHOOLS AGAIN. IN SOME AREAS IT WAS DECLARED THAT THERE WAS NO NEED FOR IT. IN RESPONSE TO THIS PROFESSOR DELBERT OBERTEUFFER, EDITOR OF THE JOURNAL OF SCHOOL HEALTH STATED:

"IT MAKES LITTLE SENSE TO DENY THE NECESSITY FOR EDUCATION ABOUT THESE DISEASES IN ANY GIVEN SCHOOL

OR AREA SIMPLY BECAUSE THERE IS NOT A RECOGNIZED VD PROBLEM AMONG THE SCHOOL CHILDREN OF THAT AREA. THE OBJECT OF ANY KIND OF HEALTH EDUCATION IS NOT SIMPLY THE SOLUTION OF IMMEDIATE PROBLEMS BUT...SOLVING PROBLEMS AS THEY ARE ENCOUNTERED LATER."⁸

IN 1972, THE U. S. PUBLIC HEALTH SERVICE REPORTED 24,000 CASES OF INFECTIOUS SYPHILIS AND OVER 700,000 CASES OF GONORRHEA, BUT ESTIMATED THE ACTUAL RESERVOIR OF SYPHILIS TO BE ONE-HALF MILLION CASES NEEDING TREATMENT; WITH GONORRHEA THE ESTIMATE WAS TWO AND ONE-HALF MILLION.⁹ REPORTED STATISTICS, BY AND LARGE, CAME FROM THE HANDFUL OF PUBLIC HEALTH CLINICS WHICH REPORT ALL OF THE CASES THEY TREAT. PRIVATE PHYSICIANS DIAGNOSE ABOUT 80% OF THE VD ACTUALLY OCCURRING, BUT REPORT ONLY ABOUT 15%. THIS MEANS THAT MANY AREAS SEEM FREE OF VD, BUT THIS IS ONLY ANOTHER FACET OF THE BLAME-THE-VICTIMS APPROACH. THE POOR TREATED IN PUBLIC CLINICS BECOME STATISTICS, WHILE THOSE WHO CAN AFFORD PRIVATE CARE CAN HIDE THEIR INFECTION. THE DISEASE SPREADS NONE-THE-LESS.¹⁰

THE SECOND NATIONAL COMMISSION ON VENEREAL DISEASE IN A DECADE WAS APPOINTED LAST YEAR TO ONCE AGAIN STUDY THE "PANDEMIC" PROBLEM AND MAKE RECOMMENDATIONS FOR CONTROL. IN A LETTER PREFACING THE COMMISSION'S REPORT, THE CHAIRMAN STATED THE PRINCIPAL REASONS THAT PRESENT CONTROL METHODS HAVE PROVEN INADEQUATE:

"AMONG THESE IS THE FAILURE OF MASS EDUCATION OF THE GENERAL PUBLIC, INCLUDING VENEREAL DISEASE EDUCATION IN THE SCHOOLS. FAILURE OF OUR MEDICAL SCHOOLS TO TRAIN OUTGOING PHYSICIANS IN CLINICAL AND PUBLIC HEALTH ASPECTS OF VENEREAL DISEASE CONTROL IS A MAJOR

FACTOR. THE SCARCITY AND INADEQUACY OF PRESENT
TREATMENT FACILITIES...THE PROBLEM OF LIASON BETWEEN
PRIVATE MEDICINE AND PUBLIC HEALTH...(AND THE LACK)
OF AN OVERALL COMPREHENSIVE PROGRAM." 11

TODAY'S MEETING IS ENTITLED "TO CURB A PLAGUE: VENEREAL DISEASE EDUCATION".
TO THAT TITLE I WOULD LIKE TO ADD, "THOSE WHO CANNOT REMEMBER THE PAST ARE
DOOMED TO REPEAT IT". THE PAST INCLUDES RESEARCH AND EXPERIENCE WITH VD
EDUCATION AND THE LESSON WHICH WE MUST LEARN IF WE WISH TO AVOID THE DOOM
OF REPEATED FAILURE IS THAT TO BE EFFECTIVE VD EDUCATION MUST BE FUNCTIONAL,
AND PRACTICAL. IT MUST MEET THE NEEDS OF THE SEXUALLY ACTIVE, POTENTIAL
VD VICTIMS.

BUT WHAT IS PRACTICAL VD EDUCATION? I HOPE TO ANSWER THIS QUESTION FIRST
BY GIVING AN OUTLINE AND THEN BY DEMONSTRATION. LET'S BEGIN THE OUTLINE
WITH THE GOAL OF VD EDUCATION: VENEREAL DISEASE CONTROL.

THE FIRST STEP TOWARDS CONTROL IS PREVENTION. THERE ARE PREVENTIVE MEASURES
THAT A SEXUALLY ACTIVE PERSON CAN TAKE THAT EFFECTIVELY REDUCE THE CHANCES
OF CONTRACTING GONORRHEA, SYPHILIS AND OTHER SEXUALLY TRANSMITTED INFECTIONS.
WHILE PREVENTIVE MEASURES MAY NOT BE 100% EFFECTIVE, IT IS NO MORE TRUE TO
SAY "THERE IS NO WAY TO PREVENT VD" THAN TO SAY "THERE IS NO WAY TO PREVENT
UNWANTED PREGNANCY" BECAUSE NO CONTRACEPTIVE MEASURE IS 100% EFFECTIVE. YOU
CAN'T EXPECT PEOPLE TO TAKE PREVENTIVE MEASURES IF THEY ARE TAUGHT THAT
ATTEMPTS AT PREVENTION ARE USELESS. ONLY FULLY INFORMED PEOPLE CAN MAKE
WISE CHOICES.

SECOND WE HAVE SIGNS AND SYMPTOMS. SPECIFIC, DETAILED INFORMATION IS NECESSARY TO RECOGNIZE POSSIBLE SIGNS OF INFECTION IN ONE'S OWN BODY. IT IS ALSO ESSENTIAL TO KNOW THAT THESE DISEASES MAY BE ASYMPTOMATIC AND SO ROUTINE EXAMINATION IS RECOMMENDED. MOREOVER, IT MUST BE UNDERSTOOD THAT GONORRHEA AND SYPHILIS MAY BE MISTAKEN FOR OTHER HEALTH PROBLEMS EVEN BY A PHYSICIAN.

THIS POINT LEADS US TO A THIRD ASPECT: WHAT IS ADEQUATE MEDICAL CARE FOR VD? AS THE NATIONAL COMMISSION ON VENEREAL DISEASE REPORTS MANY PHYSICIANS HAVE NOT HAD ADEQUATE TRAINING IN THE AREA OF SEXUALLY TRANSMITTED INFECTIONS. AS A RESULT PROPER DIAGNOSTIC TESTS MAY NOT BE DONE AND EVEN WHEN A PROPER DIAGNOSIS HAS BEEN MADE, THERE REMAINS THE PROBLEM OF ADEQUATE TREATMENT. THEN, EVEN WITH PROPER TREATMENT, THERE ARE TREATMENT FAILURES, NECESSITATING A TEST OF CURE. BASIC INFORMATION ON PROPER DIAGNOSIS, TREATMENT AND TEST OF CURE IS ESSENTIAL.

FOURTH, WHAT ARE THE LOCAL SOURCES OF ADEQUATE CARE? CLINIC ADDRESSES AND HOURS, SOURCES OF TREATMENT THAT WILL BE GIVEN WITHOUT NOTIFYING PARENTS, EXACTLY WHAT SHOULD A PATIENT EXPECT - INFORMATION SUCH AS THIS IS NECESSARY FOR A PERSON WHO SUSPECTS INFECTION BUT IS WORRIED THAT THE RESULTS OF SEEKING CARE MAY BE WORSE THAN UNTREATED INFECTION.

FIFTH, THERE IS EPIDEMIOLOGY OR CASEFINDING. WHY DOES A VD VICTIM HAVE TO GIVE THE NAMES OF SEX PARTNERS? WHAT WILL HAPPEN TO THEM IF THEIR NAMES ARE TURNED IN? WHAT WILL HAPPEN IF THEIR NAMES ARE KEPT SECRET? WILL THEY FIND OUT WHO GAVE THEIR NAMES? DID YOU KNOW THAT IN A MARITAL SITUATION, SPOUSES ARE EXAMINED AND TREATED EVERY DAY WITHOUT THEIR REALIZING THAT THEIR MARITAL PARTNER WAS INFECTED? DETAILED INFORMATION ON THE REASONS FOR AND PROCESS OF CONFIDENTIAL CASEFINDING IS ESSENTIAL IF VD PATIENTS ARE TO BE EXPECTED TO

COOPERATE. THIS PREVIOUSLY NECESSITATES LIASON BETWEEN THE EDUCATOR AND THE LOCAL HEALTH DEPARTMENT, A MOVE TOWARD A COOPERATIVE, COMPREHENSIVE PROGRAM.

FINALLY, ALL THE FACTUAL INFORMATION IS USELESS TO A SEXUALLY ACTIVE PERSON WHO MISTAKENLY BELIEVES THAT HE OR SHE COULD NEVER CONTRACT A VENEREAL DISEASE. POINT NUMBER SIX IS: "IT CAN HAPPEN TO ANYONE WITH ONE SEX PARTNER OR MORE." ABOUT ONE VD VICTIM IN FIVE IS INFECTED BY A MARITAL PARTNER. BEYOND THIS 20%, ARE MORE UNMARRIED BUT MONOGAMOUS VICTIMS, WHO DON'T REALIZE THEIR SEX PARTNERS HAVE OTHER SEX PARTNERS. HERE IS WHERE THE BLAME-THE-VICTIM APPROACH TAKES ITS TOLL. USING VAGUE, NEGATIVE TERMS LIKE "PROMISCUITY", "PERVERSIONS", "DEVIATIONS", ETC. OBVIOUSLY DOESN'T MOTIVATE A SEXUALLY ACTIVE PERSON WHO DOESN'T DEFINE HIMSELF OR HERSELF IN THESE TERMS TO BE HONEST WITH A TEACHER, A DOCTOR OR ANYONE ELSE WHO USES THESE TERMS. NOW, THAT TEACHER OR DOCTOR OR WHOEVER MAY BE AS SEXUALLY ACTIVE AS THE STUDENT. BUT BY BEING HYPOCRITICAL AND CONDEMNING ACTIVITIES THAT HE OR SHE PARTICIPATES IN, WE GET BACK INTO OUR VICIOUS CIRCLE. AT THIS POINT, I'M SURE SOME OF YOU ARE THINKING "EGAD, DOES THAT MEAN I'M SUPPOSED TO OPEN UP TO A CLASS ABOUT MY SEX LIFE?" OR "IS HE SAYING THAT I SHOULD ADVOCATE SEX IN THE CLASSROOM?"

LOOK AT IT BY WAY OF ANALOGY. LEFT-HANDED PEOPLE ARE A MINORITY, YET WE DON'T CALL THEM "DEVIATES". BY NOT CONDEMNING LEFT-HANDED PEOPLE, DO YOU BELIEVE THAT YOU ARE ADVOCATING LEFT-HANDEDNESS? EVEN IF A TEACHER DID STRONGLY ADVOCATE LEFT-HANDEDNESS, MOST STUDENTS WOULD REMAIN RIGHT-HANDED OWING TO PRIOR TRAINING, CULTURAL FACTORS, ETC.

FACTS ABOUT GENITAL INFECTION, ORAL INFECTION AND ANAL INFECTION CAN CERTAINLY BE GIVEN WITHOUT ADVOCACY OR EXPLAINING YOUR PERSONAL PREFERENCES. AND NO ONE NEED GO BESERK OR EVEN BECOME AROUSED AT HEARING THE TERMS "PENIS", "VAGINA", "COITUS", "CONDOM", "DIAPHRAGM" NOR EVEN THE SLANG TERMS. TEACHERS DO NEED TRAINING, HOWEVER. NO ONE SHOULD BE EXPECTED TO TEACH ABOUT VENEREAL DISEASE WHO DOESN'T WANT TO. NO ONE SHOULD BE EXPECTED TO TEACH ABOUT VENEREAL DISEASE WITHOUT ADEQUATE PREPARATION AND TRAINING NOR WITHOUT GOOD EDUCATIONAL MATERIALS. MISTAKES SUCH AS THOSE MEAN POOR VD EDUCATION.

THERE ISN'T TIME TODAY TO DO ANY TRAINING OR DEAL WITH SEX ATTITUDES, BUT I WILL SHOW YOU A BRIEF DEMONSTRATION OF A VD EDUCATIONAL TOOL THAT HAS PROVEN EFFECTIVE IN MOTIVATING SEXUALLY ACTIVE PEOPLE OF VARIOUS AGES AND BACKGROUNDS TO OPEN UP AND ASK QUESTIONS, EVEN TO BE EXAMINED FOR VD.

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